



# APEX SUPERSPECIALITY HOSPITALS



L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Bandra West, Mumbai - 400091  
Sind Bank, Babhai Naka,  
Bandra West, Mumbai - 400091  
www.apexgroupofhospitals.com  
www.apexgroupofhospitals.com  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.: 022 - 2898 6677 / 46 / 47 / 48  
Tele.: 022 - 2898 6677 / 46 / 47 / 4

PT. PRAMOD KUMAR. 50/M.

PHYSICIAN CONSULTATION Height - 150.8  
wt - 96.4 kg

PRESENT COMPLAINT:  
No any present complaints.

PAST MEDICAL / SURGICAL HISTORY:  
- Kiclo - DM on irregular Rx  
- No any surgical history.

GENERAL EXAMINATION:  
PULSE - 88/min  
BP: - 130/80 mmHg  
BMI - 42.4 kg/m<sup>2</sup> (obese class II)  
APETITE: - Normal  
THIRST: - Normal  
STOOL: - Constipation  
URINE: - Normal  
SLEEP: - Normal  
SKIN: - Normal  
NAILS: - Normal  
HABITAT: - NO

SYSTEMIC EXAMINATION:  
RESPIRATORY EXAMINATION: - AEBE clear  
CARDIOVASCULAR EXAMINATION: - S1S2 (+) / CNS - conscious & oriented  
ABDOMINAL EXAMINATION: - SOFT

GYNACOLOGY / OBST HISTORY ( FOR FEMALE): / NO

**OPHTHAL EXAMINATION:**

FAR VISION: - ~~Far~~ vision Both eyes normal  
NEAR VISION: - Blurring vision of Both eyes -  
COLOUR VISION: - Normal.

**ENT EXAMINATION:**

EAR: MASTOID TUNNIG FORK TEST: - Normal / No wax, No discharge  
NOSE: EXT NOSE/ POST NASAL SPACE: - Normal  
THROAT: TOUNGE/ PALATE/ TEETH: - No throat pain / Normal,  
NECK: NODES/ THYROID/TEETH: - Normal.

**DENTAL EXAMINATION:**

DECAY/ CRIES IF ANY: - root canal, cavity  
PLAQUE IF ANY: - No, status  
GUMS: - No

Dr. Priyanka

PHYSICIAN NAME

PHYSICIAN SIGNATURE



**APEX HOSPITALS**  
Where healing and care comes naturally  
An ISO 9001:2008 Certified

ADMP.

**Apex Super Speciality Hospitals**  
Shri Gaurang Margesh Chaitany Trust Medical Centre, D-3, A, E, T, Road,  
Beside Punjab & Sind Bank, Hubballi, District (W), Shimoga-576001  
Tel: 022-26986774 ext 128. Web: apexgroup-hospitals.com  
E-mail: medical.admin.apexhospitals.in

**Diet Chart**

**Name : Pramod Kumar**

**c/o- Diabetes management**

**Diet :- DIABETIC DIET , HIGH PROTEIN , LOW FAT**

**Early Morning:** 1 cup tea/ coffee/ toned milk/ 4Almonds + 1half Almonds (soaked)

**Breakfast:** 1 bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar **OR** 1 bowl Muesli / oats in milk (1 boiled egg white)

**Mid-morning:** 1 fruit/ **Truhand DM- 1 scoop in 100ml water**  
(Avoid fruit juices and fruits like banana, chickoo, custard apple, jackfruit, mango, coconut water and sugarcane juice)

**Lunch:** 1 bowl raw vegetable salad  
2 small roti/ 1 bhakri (jowar/bajra/ragi)  
1 bowl bhaji(Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)  
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry  
1 bowl brown rice  
**OR** 1 bowl vegetable dailya khichdi with vegetables  
1 bowl curd

**Evening snack:** 1 cup tea/ coffee/ toned milk  
1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg omelette with chapatti **OR** 1 rava chilla with curd

**Mid-evening:** 1 bowl dal and vegetable soup/**Truhand DM - 1scoop in 100ml water**

**Dinner:** 1 bowl raw vegetable salad  
2 small roti/ 1 bhakri (jowar/bajra/ragi)  
1 bowl bhaji (Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)  
1 bowl thick dal  
**OR** 1 bowl vegetable dailya khichdi with vegetables

**Bed time:** 200ml toned milk/ **1tsp sesame seed**

**Remarks:** Supplement should be taken once a day.

Have ample of fluids, upto 2L of water daily.

Follow small frequent and regular meal pattern. Do not miss meals.

Oil usage ½ litre per month, i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.

Salt usage to 3gm. i.e. ½ teaspoon a day. Avoid red meats like mutton, pork and beef.

Include more green leafy vegetables, fruits and pulses in the diet.

Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.

Make sure you get ample of exposure to sunlight for **Vitamin D**.

**Avoid processed foods, refined flour products and fried food. Restrict bakery products.**

**Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.**

**Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.**

**For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.**

Patient Id : <b>PVD04223-24/74401</b>	Sample ID : 24036707
Patient : MR PRAMOD KUMAR	Reg. Date : 23/03/2024
Age/sex : 50 Yrs/ Male	Report Date : 23/03/2024
Center : APEX SUPERSPECIALITY HOSPITALS	Case No. :
Ref. By : Self	



### COMPLETE BLOOD COUNT (CBC) /HAEMOGRAM

Test Description	Result	Unit	Biological Reference Range
<b><u>Erythrocytes</u></b>			
Haemoglobin (Hb)	<b>12.5</b>	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count	<b>3.96</b>	mill/cu.mm	4.7 - 6.0
PCV (Packed Cell Volume)	<b>36.4</b>	%	42 - 52
MCV (Mean Corps. Volume)	91.9	fL	78 - 100
MCH (Mean Corps. Hb)	<b>31.6</b>	pg	27 - 31
MCHC (Mean Corps. Hb Concn.)	34.3	gm/dL	31.5 - 36
RDW (Red Cell Distri. Width)	<b>14.3</b>	%	11.5 - 14.0
<b><u>RBC Morphology</u></b>			
Remark	Predominantly Normochromic Normocytic		
<b><u>Leucocytes</u></b>			
Total Leucocytes (WBC) count	4960	cells/cu.mm	4000 - 10500
Absolute Neutrophils Count	2976	/c.mm	2000 - 7000
Absolute Lymphocyte Count	1339	/c.mm	1000 - 3000
Absolute Monocyte Count	446	/c.mm	200 - 1000
Absolute Eosinophil Count	198	/c.mm	20 - 500
Absolute Basophil Count	0	/c.mm	00 - 100
Neutrophils	60	%	40 - 80
Lymphocytes	27	%	20 - 40
Monocytes	09	%	2.0 - 10
Eosinophils	04	%	1 - 6
Basophils	00	%	0 - 1
<b><u>Platelets</u></b>			
Platelet count	152	10 <sup>3</sup> / μl	150 - 400
MPV (Mean Platelet Volume)	<b>16.6</b>	fL	7.8 - 11
PCT ( Platelet crit)	<b>0.165</b>	%	0.2 - 0.5
PDW (Platelet Distri. Width)	16.0	%	9 - 17
Adv:/Remark	Platelets seen in clumps		

Test done on Mindray BC760- 6 Part Diff Haematolgy Analyser



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.: 022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504	
<b>UHID/IP No</b>	140022548 / 241	<b>Sample Date</b>	23/03/2024 8:58AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 9:44AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 3:58PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	80	mm/hr	0 * 20	Westergren

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.: 022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504	
<b>UHID/IP No</b>	140022548 / 241	<b>Sample Date</b>	23/03/2024 8:58AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 9:44AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 3:58PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b>				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"B" Rh Positive			SLIDE METHOD

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.: 022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504	
<b>UHID/IP No</b>	140022548 / 241	<b>Sample Date</b>	23/03/2024 8:58AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 9:44AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 3:58PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD SUGAR F&amp;PP</b>				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	107.9	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	<b>179.8 H</b>	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :  
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.: 022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504	
<b>UHID/IP No</b>	140022548 / 241	<b>Sample Date</b>	23/03/2024 8:58AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 9:44AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 12:48PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BUN (BLOOD UREA NITROGEN)</b>				
BUN - Blood Urea Nitrogen (SINGLE)	13.22	mg/dl	7 - 20	
<b>SERUM CREATININE</b>				
Sample: Serum				
Creatinine	0.86	mg/dl	0.80 - 1.50	Jaffes
<b>URIC ACID (SERUM)</b>				
Sample: Serum				
Uric Acid	6.71	mm/hr	3.5 - 8.5	URICASE-PEROXIDASE

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY





Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY


L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.: 022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504	
<b>UHID/IP No</b>	140022548 / 241	<b>Sample Date</b>	23/03/2024 8:58AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 9:44AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 12:48PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	171.4	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	104.9	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	43.21	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	20.98	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	<b>107.21 H</b>	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.97		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>2.48 L</b>		2.50 - 3.50	Calculated Value

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.: 022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504
<b>UHID/IP No</b>	140022548 / 241	<b>Sample Date</b>	23/03/2024 8:58AM
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 9:44AM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 12:48PM
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final



## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	1.03	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.39	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.64	mg/dl	1 - 1	
SGPT (ALT)	31.48	U/L	5 - 40	IFCC modified
SGOT (AST)	24.43	U/L	5 - 40	IFCC modified
Protein Total	7.03	gm/dl	6.00 - 8.00	Biuret
Albumin	4.21	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.82	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.49		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	83.50	IU/L	42 - 140	
GGTP (GAMMA GT)	18.18	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.: 022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504	
<b>UHID/IP No</b>	140022548 / 241	<b>Sample Date</b>	23/03/2024 8:58AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 9:44AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 12:48PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.020		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
WBCs	3-4			
RBCs	Absent			
Epithelial Cells	1-2			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY



Patient Id : PVD04223-24/74401      Sample ID : 24036707  
Patient : MR PRAMOD KUMAR      Reg. Date : 23/03/2024  
Age/sex : 50 Yrs/ Male      Report Date : 23/03/2024  
Center : APEX SUPERSPECIALITY HOSPITALS      Case No. :  
Ref. By : Self



### HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.7	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	116.89	mg/dL	
Method : HPLC-Biorad D10-USA			

#### INTERPRETATION

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.  
Excellent Control - 6 to 7 %,  
Fair to Good Control - 7 to 8 %,  
Unsatisfactory Control - 8 to 10 %  
and Poor Control - More than 10 %.

**Note** : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

Patient Id : **PVD04223-24/74401** Sample ID : 24036707  
 Patient : MR PRAMOD KUMAR Reg. Date : 23/03/2024  
 Age/sex : 50 Yrs/ Male Report Date : 23/03/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
 Ref. By : Self



**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	126.41	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.58	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	1.98	uIU/ml	0.27 - 4.20
Method : ECLIA			

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

**PROSTATE SPECIFIC ANTIGEN**

Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

Patient Id : **PVD04223-24/74401** Sample ID : 24036707  
Patient : MR PRAMOD KUMAR Reg. Date : 23/03/2024  
Age/sex : 50 Yrs/ Male Report Date : 23/03/2024  
Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
Ref. By : Self



PSA (Prostate Specific Antigen)-Serum 0.99  
Total

ng/ml

Conventional for all ages: 0 - 4  
69- 80 Years : 0 - 6.5  
Above 80 yrs: 0 - 7.2

Method : ECLIA

**INTERPRETATION :**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

-----End Of Report-----

**Term & Conditions\*** Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.



**DR. SANDEEP B. PORWAL**  
MBBS MD (Path) Mumbai  
MMC Reg no 2001031640

ASH/QA/FORM/NUR/04/MAR22/V1



# APEX SUPERSPECIALITY HOSPITALS

Where Healing & Care Comes Naturally



2898 6677

2898 6646

CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

**ई. सी. जी.**

Name Pranod Kumar Date 23/8/24

Age 56M Gender: M  F  UHID NO \_\_\_\_\_ B.P 130/80

## ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate \_\_\_\_\_ Axis \_\_\_\_\_ Q.R.S. Complex \_\_\_\_\_

Rhythm \_\_\_\_\_ P. Wave \_\_\_\_\_ S.T. Segment \_\_\_\_\_

Standardisation : \_\_\_\_\_ P.R. Interval \_\_\_\_\_

Voltage : \_\_\_\_\_ Q. Wave : \_\_\_\_\_

Impression : Two chx infarct

**DR. CHIRAG V. SHARMA**  
E.M.B.W.(C)  
CONSULTING PHYSICIAN CARDIOLOGIST  
Reg. No. 20004/1649

# स सुपरस्पेशलिटी हॉस्पिटलस

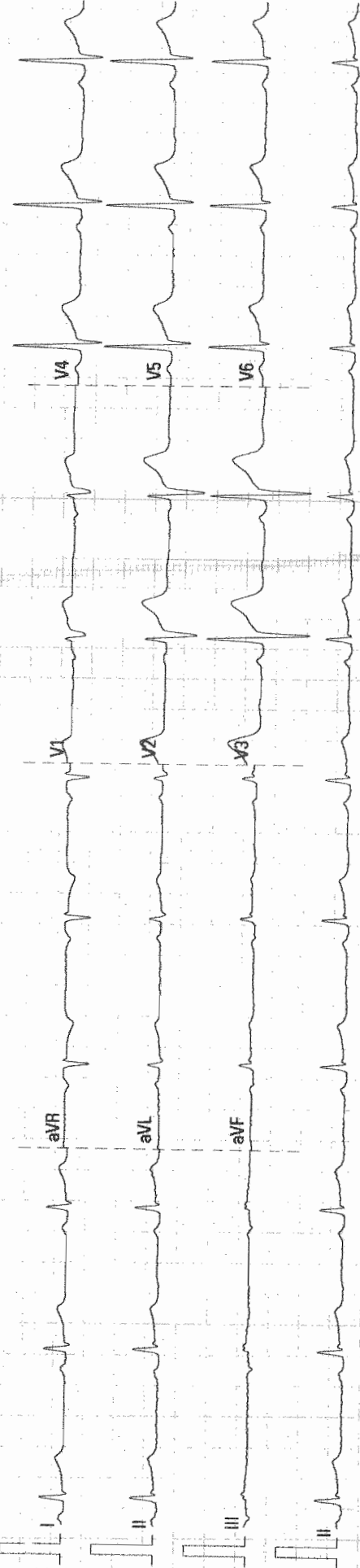
Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

ID:2024032309484646

Name:

23-03-2024 10:02:19 AM



ID:2024032309484646

Name:

23-03-2024 10:02:19 AM

Sinus Rhythm

Unconfirmed Diagnosis:

25 mm/s

10 mm/mV

50 Hz

BDR 20 Hz

QTc: Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/V04.00.00

SN:FK-83014034



# UNI-EM

## ELECTRONICS COMPLEX

### INDORE

#### TREADMILL TEST REPORT

PRAMOD KUMAR  
II : 22359  
DATE : 24/03/2024  
AGE/SEX : 50 / M  
HT/WT : 155 / 69  
REF. BY :

PROTOCOL : Brice  
HISTORY :  
INDICATION :  
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS	
								II	V1	V5		
SUPINE												
Stage 1	2:55	2:55	2.7	10	76	120 / 80	91	0.6	0.5	1.6	4.67	
Stage 2	5:55	2:55	4	12	103	120 / 80	123	0.6	0.9	2.4	7.04	
Stage 3	8:55	2:55	5.4	14	121	120 / 80	145	0.3	0.4	2	9.92	
Stage 4	11:55	2:55	6.7	16	142	130 / 80	184	0.9	0	1.6	13.89	
PK-EXERCISE	11:57	2:57	6.7	16	166	130 / 80	215	1	0.3	2.3	13.93	
RECOVERY	12:12	0:5			165	130 / 80	214	0.7	0.3	2.2		
RECOVERY	15:2	2:55			160	130 / 80	208	0.2	0.3	1.2		
					102	140 / 60	142	-0.1	0.3	-1.1		

### RESULTS

EXERCISE DURATION : 11:57  
MAX HEART RATE : 166 bpm  
MAX BLOOD PRESSURE : 140 / 60 mm Hg  
REASON OF TERMINATION : A Chew Thrk, ST-T dips  
BP RESPONSE : Now  
ARRHYTHMIA : Now  
H.R. RESPONSE : Now

MAX WORK LOAD : 13.93 METS  
MAX TARGET HEART RATE : 170 bpm

### IMPRESSIONS

ST-T depression in hyper lord body at stage 3 per heart + awl reg  
Show test bundle position for when

Dr. CHIRAG V. SHAH  
D.N.B.(M.D.)  
CONSULTING PHYSICIAN CARDIOLOGIST  
Reg. No. 2003 / 04 / 1649

Technician :

# UNI-EM

**PRAMOD KUMAR**  
I.D. 22359  
Age 50/M  
Date 24/03/2024

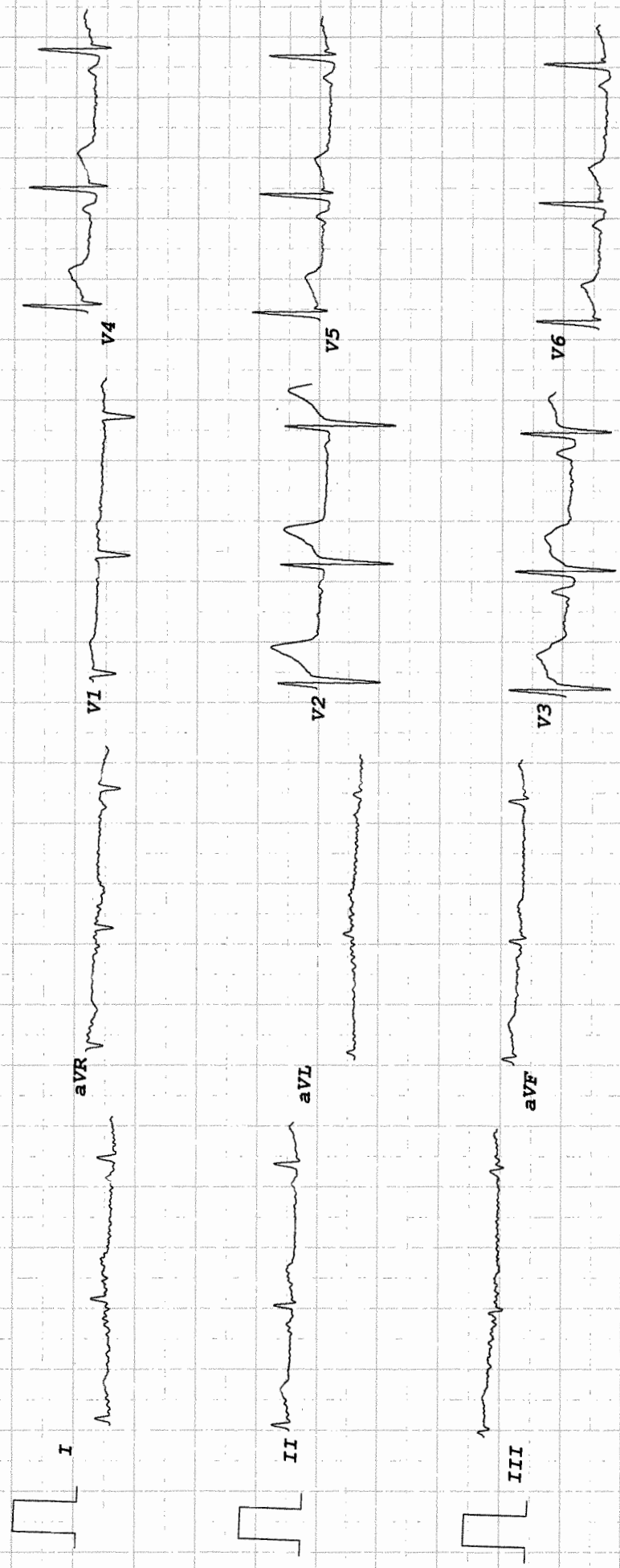
RATE 72bpm  
B.P. 120/80

ST @ 10mm/mV  
80ms PostJ

PRETEST  
HYPERVENT

PHASE TIME 0:04

## RAW ECG



www.uni-em.com

# UNI-EM

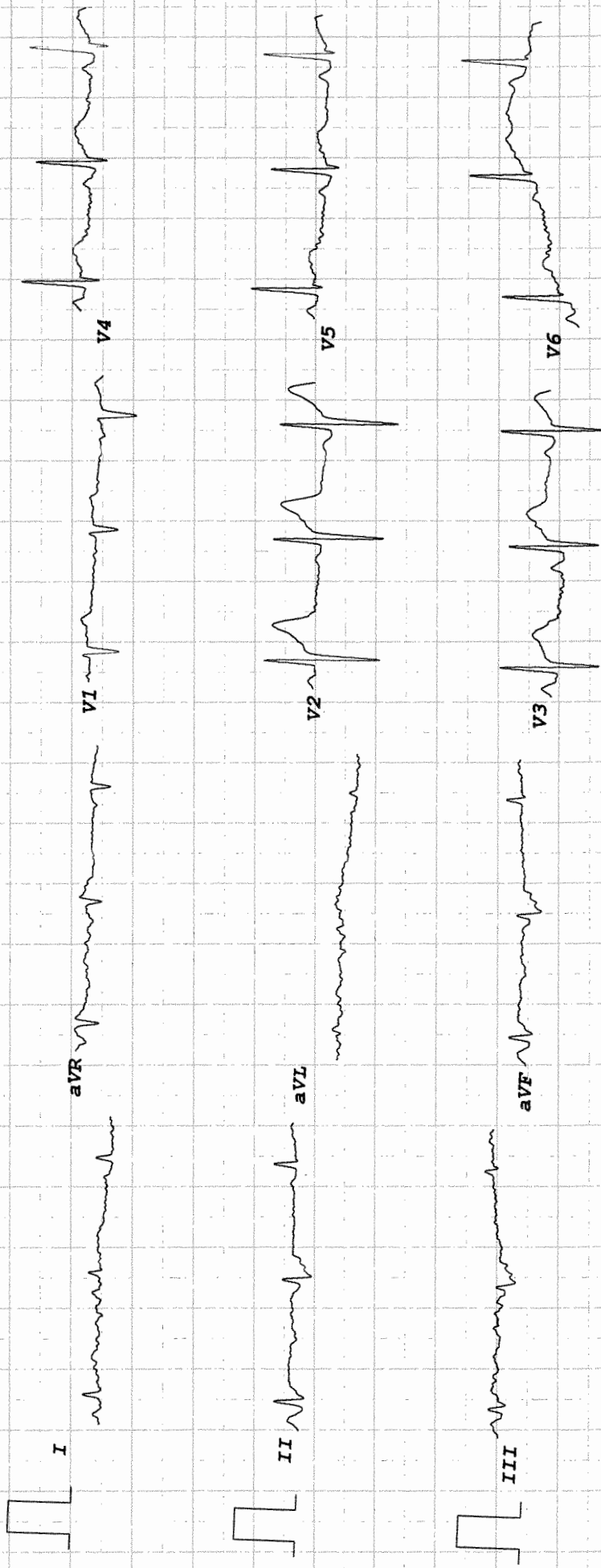
PRETEST  
VAISALVA

ST @ 10mm/mV  
80ms PostJ

## RAW ECG

PRAMOD KUMAR  
I.D. 22359  
Age 50/M  
Date 24/03/2024

RATE 74bpm  
B.P. 120/80



Rhythm: Filtered (35 Cycle)

UNIMEDICALS

# UNI-EM

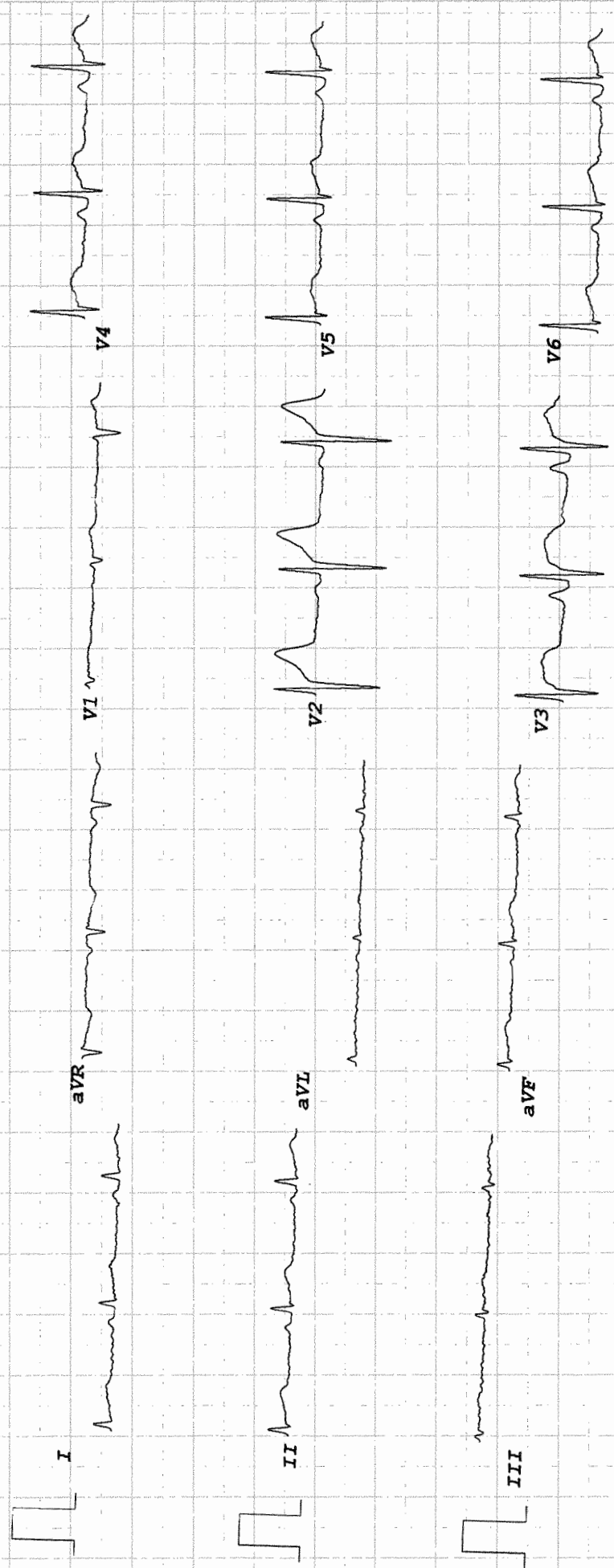
PRAMOD KUMAR  
I.D. 22359  
Age 50/M  
Date 24/03/2024

RATE 72bpm  
B.P. 120/80

ST @ 10mm/mV  
80ms PostJ

PRETEST  
STANDING

## RAW ECG



# UNI-EM

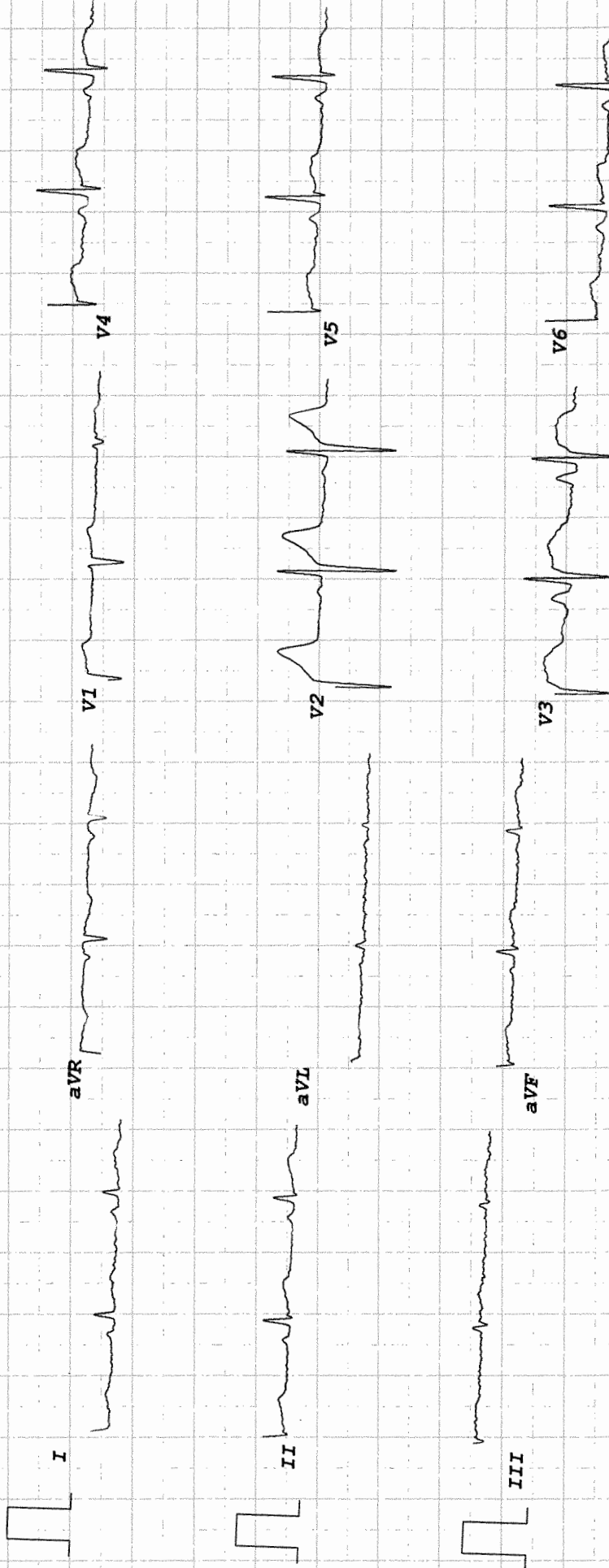
PRETEST  
SUPINE

ST @ 10mm/mV  
80ms Post-J

## RAW ECG

PRAMOD KUMAR  
I.D. 22359  
Age 50/M  
Date 24/03/2024

RATE 77bpm  
B.P. 120/80



# UNI-EM

**PRAMOD KUMAR**  
 I.D. 22359  
 Age 50/M  
 Date 24/03/2024

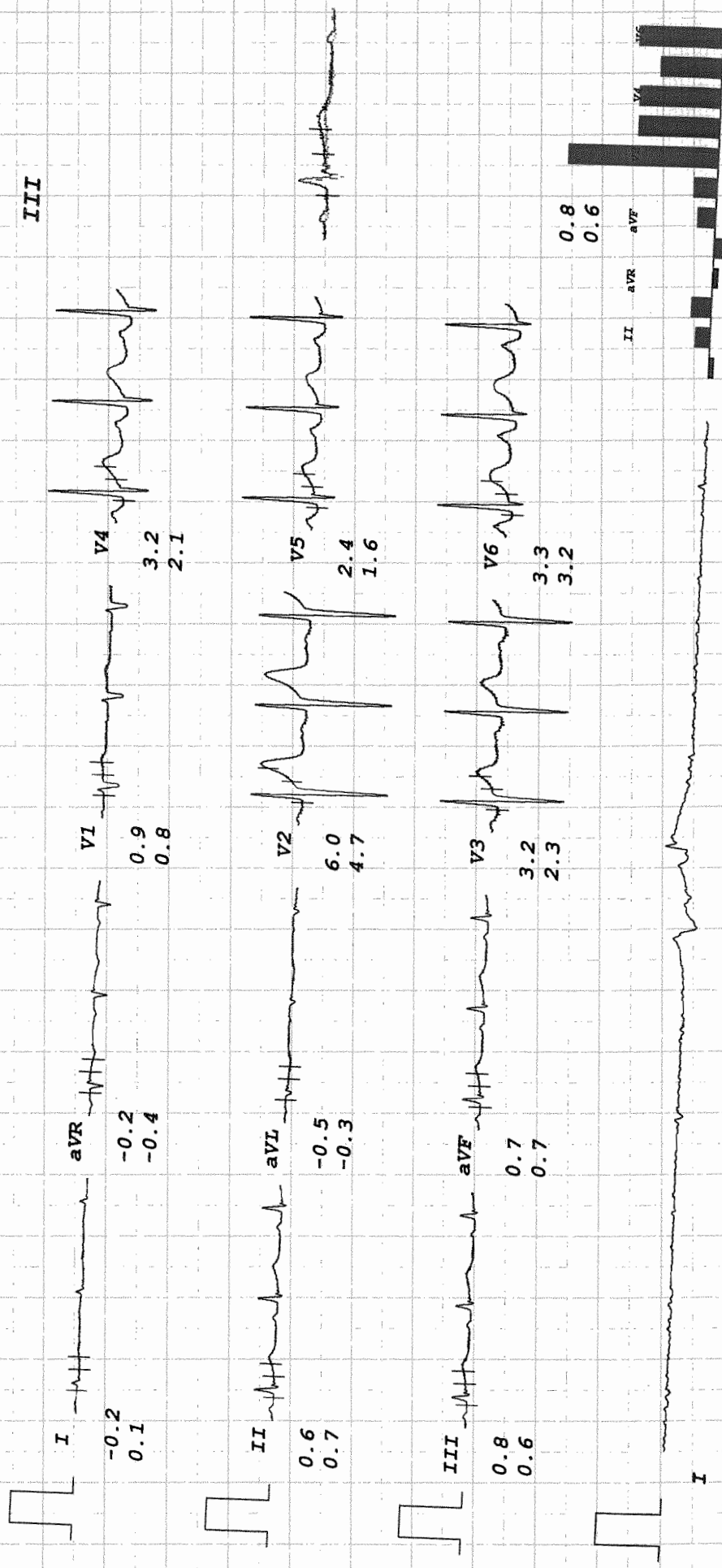
RATE 103bpm  
 B.P. 120/80

Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 10 %

**LINKED MEDIAN**

Mag. X. 2



I III aVL V1 V3 V5  
 II aVR aVF V4 V6

UNI-EM

# UNI-EM

LINKED MEDIAN

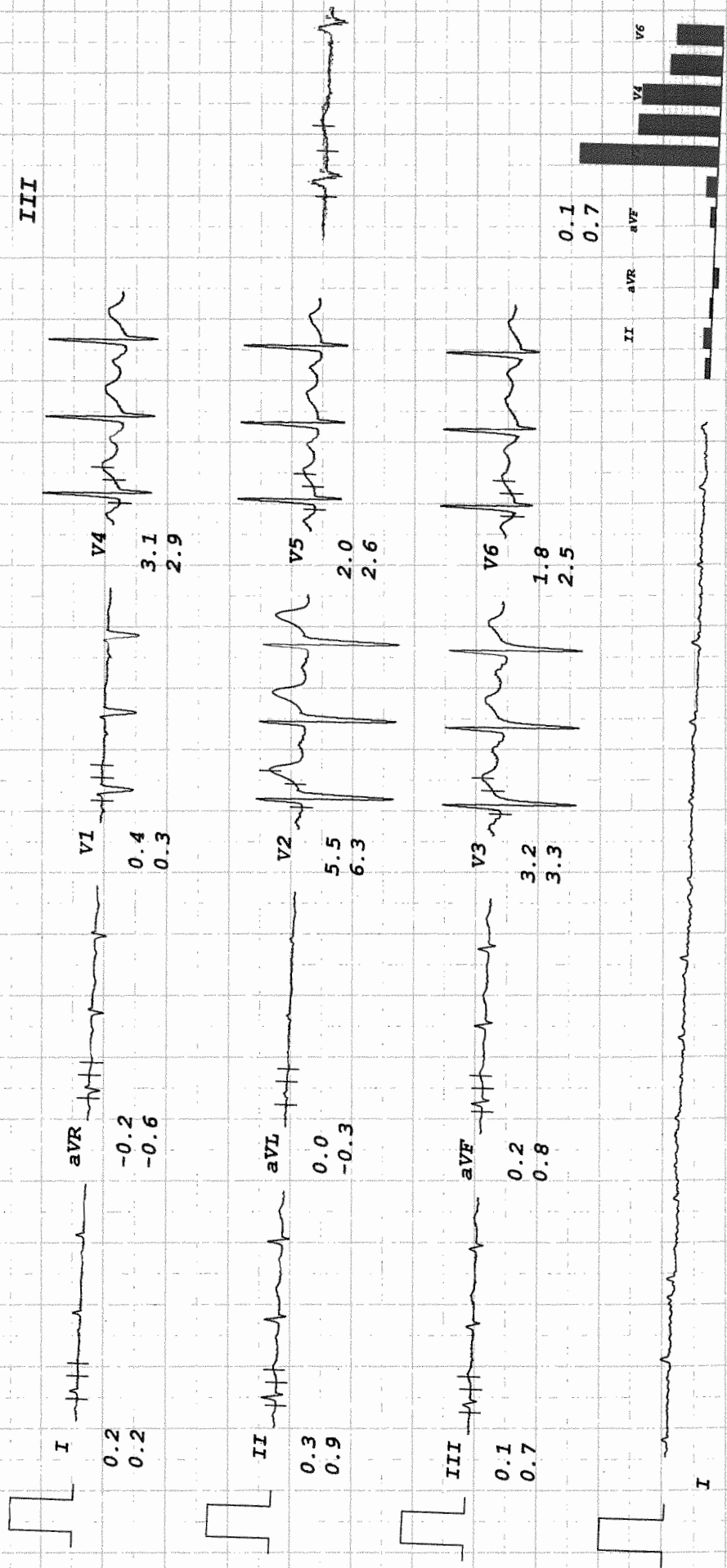
PRAMOD KUMAR  
I.D. 22359  
Age 50/M  
Date 24/03/2024

RATE 121bpm  
B.P. 120/80

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12 &

Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

Mag. X 2



I III aVL aVF  
II aVR V4 V6

Rhythm: Filtered (35 Cycle) Base Corrected

# UNI-EM

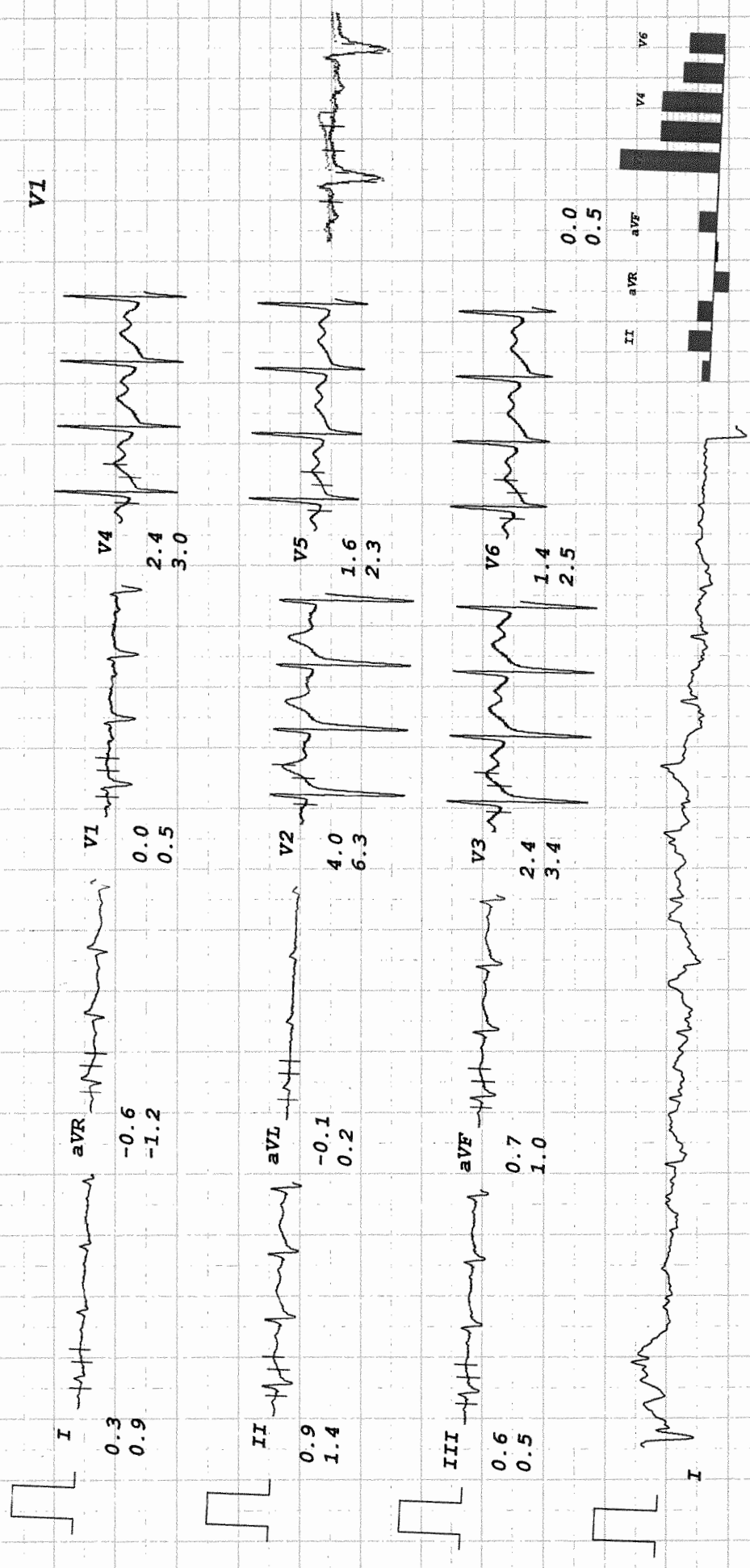
PRAMOD KUMAR  
 I.D. 22359  
 Age 50/M  
 Date 24/03/2024

RATE 142bpm  
 B.P. 130/80

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

## LINKED MEDIAN

Mag. X 2



II aVR aVF V4 V6  
 I III aVL V1 V3 V5



# UNI-EM

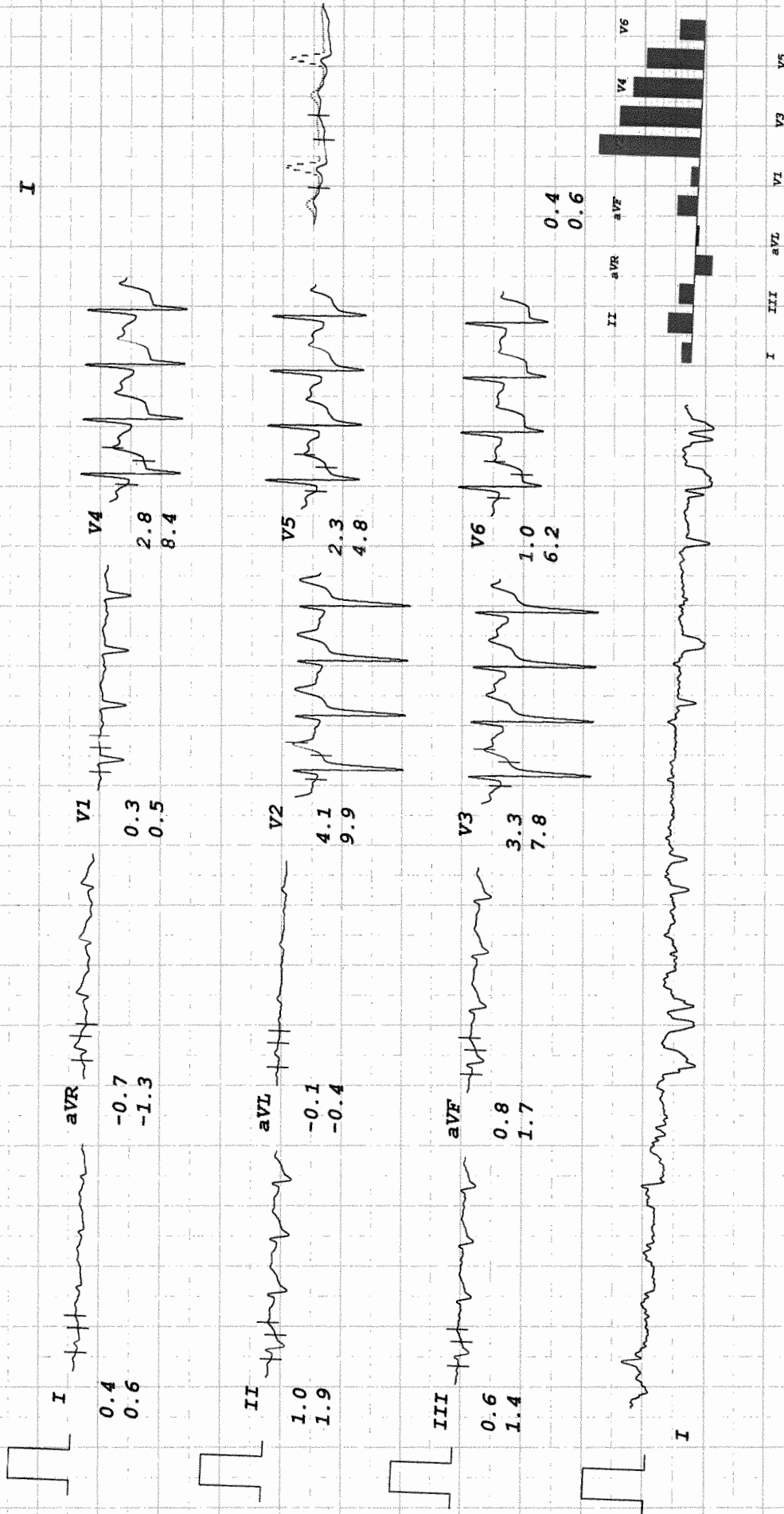
PRAMOD KUMAR  
 I.D. 22359  
 Age 50/M  
 Date 24/03/2024

RATE 166bpm  
 B.P. 130/80

ST @ 10mm/mV  
 80ms PostJ  
 Speed 6.7 km/hr  
 SLOPE 16 %

## LINKED MEDIAN

Mag. X 2



# UNI-EM

PRAMOD KUMAR  
 I.D. 22359  
 Age 50/M  
 Date 24/03/2024

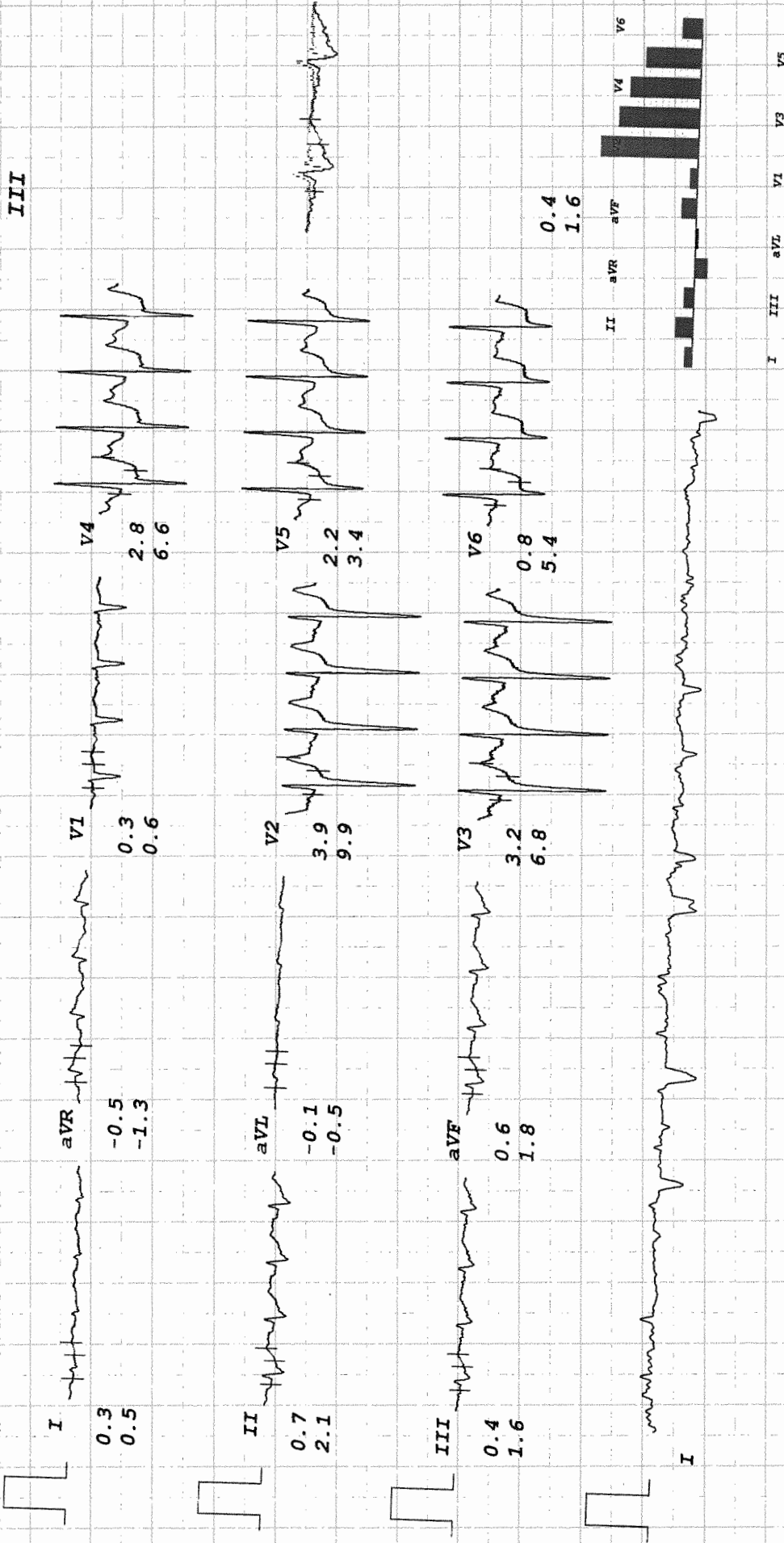
RATE 165bpm  
 B.P. 130/80

Bruce  
 PK-EXERCISE  
 TOTAL TIME 11:57  
 PHASE TIME 2:57

ST @ 10mm/mV  
 80ms PostJ  
 Speed 6.7 km/hr  
 SLOPE 16 %

## LINKED MEDIAN

Mag. X 2



UNIVERSITY OF TORONTO

FRAMOD KUMAR

I.D. 22359

Age 50/M

Date 24/03/2024

RATE 160bpm  
B.P. 130/80

UNI-EM

Bruce

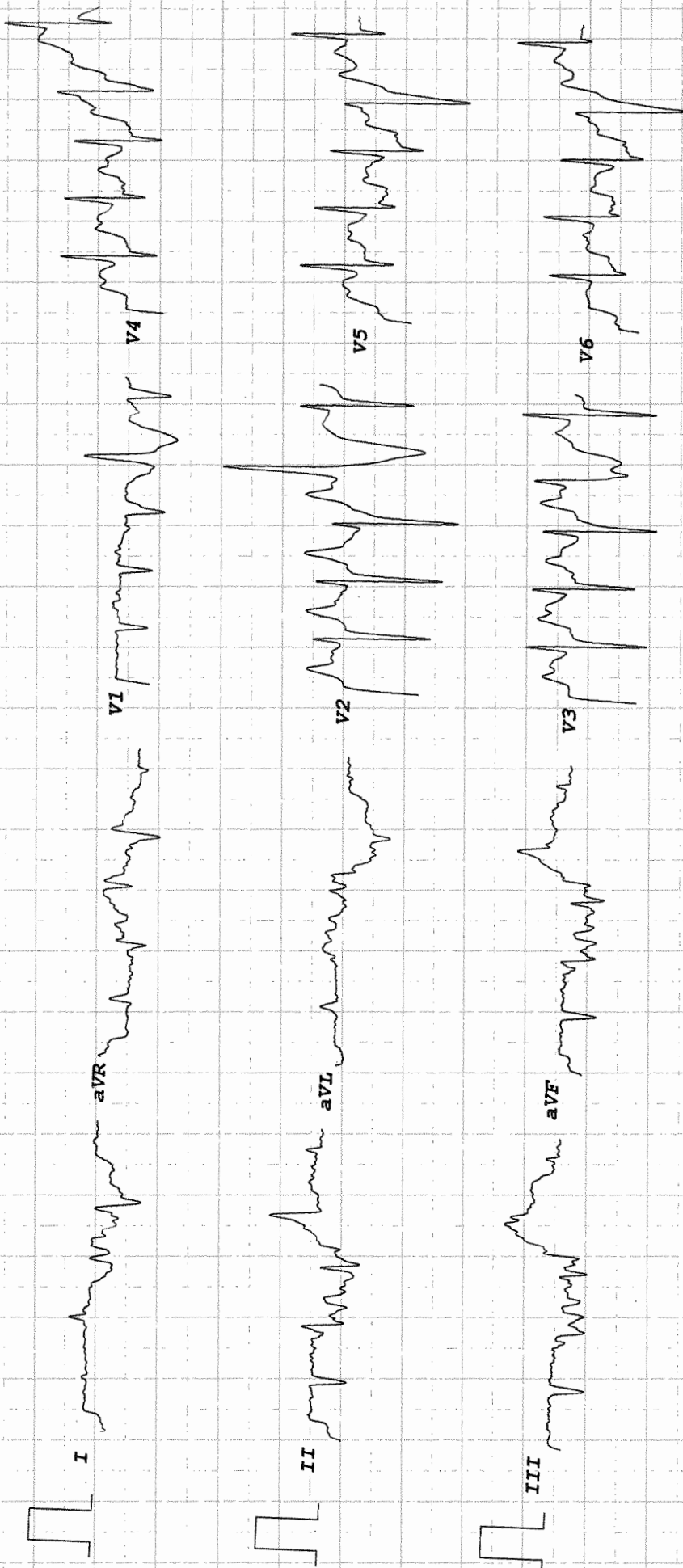
RECOVERY

TOTAL TIME 12:12

PHASE TIME 0:05

ST @ 10mm/mv  
80ms PostJ

RAW ECG



Rhythm: Filtered (95 Cycle) sBase Corrected

UNI-EM

# UNI-EM

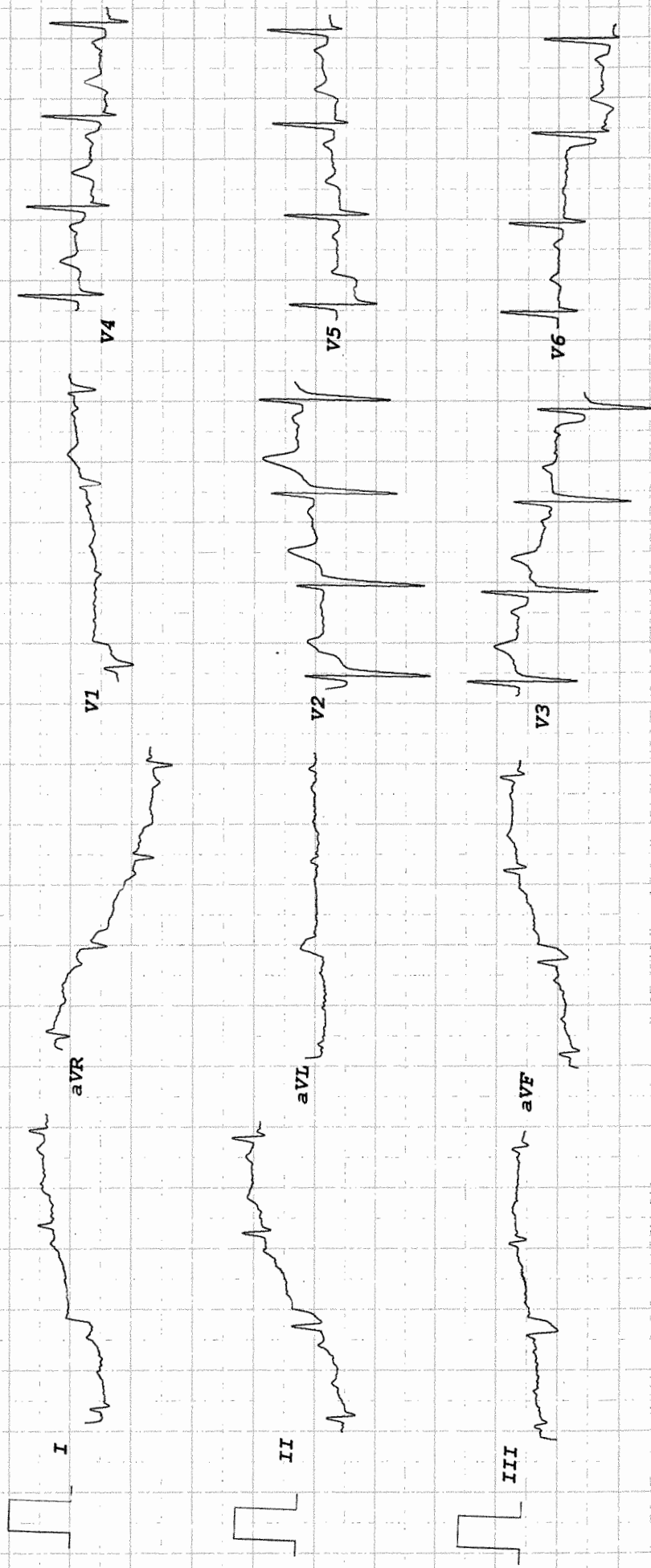
**PRAMOD KUMAR**  
I.D. 22359  
Age 50/M  
Date 24/03/2024

RATE 102bpm  
B.P. 140/60

ST @ 10mm/mV  
80ms PostJ

Bruce  
RECOVERY  
TOTAL TIME 15:02  
PHASE TIME 2:55

## RAW ECG



Rhythm: Filtered (35 Cycle/Base Corrected)



# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS  
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:  
022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504	
<b>UHID/IP No</b>	140022548 / 241	<b>Order Date</b>	23/03/2024 8:58AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 6:12PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	26/03/2024 3:35PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### SONOGRAPHY OF ABDOMEN AND PELVIS MALE

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It is normal in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 12.4 , mildly enlarged. Its echotexture is homogeneous.

#### KIDNEYS:

**Right kidney :** 11.6 x 3.9 cm

**Left kidney:** 12.4 x 4.4 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows mild diffuse wall thickening. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

**PROSTATE:** It measures about 4.3 x 4.2 x 3.0 cms; volume is 29 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

#### IMPRESSION:

Mild changes of cystitis.  
Mild splenomegaly.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS  
FACILITY


L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website  
googlemap



Tele.:  
022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr. PRAMOD KUMAR	<b>LabNo</b>	504	
<b>UHID/IP No</b>	140022548 / 241	<b>Order Date</b>	23/03/2024 8:58AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	23/03/2024 6:12PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	26/03/2024 3:35PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST